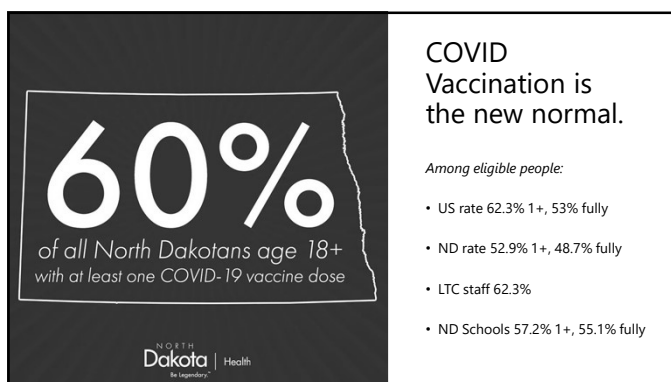
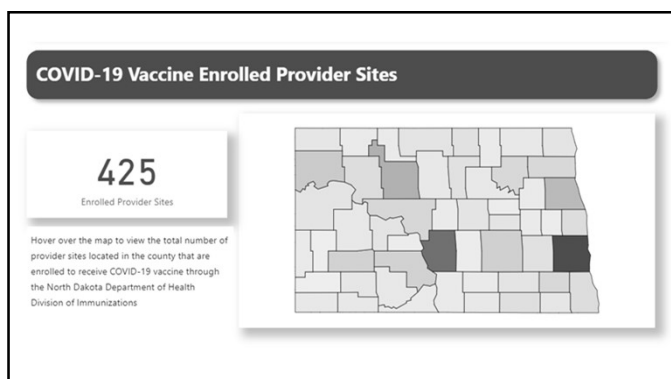


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2



3

You need
to be
vaccinated
to...

Travel to Canada

Work in a long-term care facility that receives
Medicare dollars

Work in many major hospital systems

Be in the military

Be a federal employee/contractor*

*or mask/undergo regular testing

4

Vaccination
incentives
offered at

Most NDUS campuses

Many long-term care
facilities

Many employers

5

Medical
entities
recommend
COVID
vaccination

- Academy of Managed Care Pharmacy
- American Academy of Ambulatory Care Nursing
- American Academy of Child and Adolescent Psychiatry
- American Academy of Family Physicians (AAFP)
- American Academy of Nursing
- American Academy of Ophthalmology
- American Academy of Podiatric Medical Practitioners (AAPM)
- American Academy of Pediatrics (AAP)
- American Association of Allergy, Asthma & Immunology
- American Association of Colleges of Pharmacy
- American Association of Clinical Endocrinology
- American Association of Neuroscience Nurses
- American College of Clinical Pharmacy (ACCP)
- American College of Obstetricians and Gynecologists
- American College of Physicians (ACP)
- American College of Preventive Medicine
- American College of Surgeons (ACS)
- American Epilepsy Society
- American Medical Association (AMA)
- American Nursing Association (ANA)
- American Pharmacists Association (APhA)
- American Psychiatric Association (APA)
- American Public Health Association (APHA)
- American Society for Clinical Pathology
- American Society for Hematology (ASH)
- American Society for Radiation Oncology (ASTRO)
- American Society of Health-System Pharmacists (ASHP)
- American Society of Nephrology
- American Thoracic Society
- Association for Clinical Oncology (ASCO)
- Association of American Medical Colleges (AAMC)
- Association of Rehabilitation Nurses
- Council of Medical Specialty Societies (CMSS)
- HSR Medicine Association
- Infectious Diseases Society of America (IDSA)
- LeadershipAge
- National Association for Home Care & Hospice
- National Association of Indian Nurses of America
- National Association of Pediatric Nurse Practitioners
- National Council of State Boards of Nursing (NCSBN)
- National Hispanic Medical Association (NHMA)
- National League for Nursing
- National Medical Association
- National Pharmaceutical Association (NAPHA)
- Nurses Who Vaccinate
- Organization for Associate Degree Nursing (OARDN)
- Pediatric Infectious Diseases Society (PIDS)
- Philippine Nurses Association of America, Inc. (PNAA)
- Society of Gynecologic Oncology
- Society for Healthcare Epidemiology of America (SHEA)
- Society of Hospital Medicine
- Society of Interventional Radiology
- Texas Nurses Association
- The Jane A. Harford Foundation
- Transcultural Nursing Society
- Virgin Islands State Nurses Association
- Wound, Ostomy, and Continence Nurses Society

6

ACOG & SMFM Recommends COVID-19 Vaccination for Pregnant Individuals

- Only about 22% of pregnant individuals have received a dose of COVID-19 vaccine
- ACOG encourages its members to enthusiastically recommend vaccination to their patients
- *"ACOG is recommending vaccination of pregnant individuals because we have evidence of the safe and effective use of the vaccine during pregnancy from many tens of thousands of reporting individuals, because we know that COVID-19 infection puts pregnant people at increased risk of severe complications, and because it is clear from the current vaccination rates that people need to feel confident in the safety and protective value of the COVID-19 vaccines," added ACOG president Dr. Tucker. "Pregnant individuals should feel confident that choosing COVID-19 vaccination not only protects them but also protects their families and communities."*

7

Comparing Sample Size of Vaccine Clinical Trials

Vaccine or Developer	Type of Vaccine	Protects Against	Approval Year	Doses	Phase II n	Phase III n
IPOV	Inactivated	Polio	2000	4	361	2,358
Daptacel	Combination	Diphtheria, Tetanus, & Pertussis	2002	5	7,471	10,575
Gardasil	Subunit	HPV	2006	3	4,047	22,938
Pevnar 13	Inactivated	Pneumococcal disease	2010	4	1,478	49,296
Moderna/NIH	mRNA	COVID-19	-	2	600	30,420
BioNTech/Pfizer	mRNA	COVID-19	-	2	-	43,998†
Johnson & Johnson	Viral Vector	COVID-19	-	1	1085*	44,325

WHO. Draft landscape of COVID-19 candidate vaccines. Available at: <https://www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines>

8

Vaccine Comparison

Vaccine Brand	Given in US	Given in ND	FDA Approved	EUA Approved	Third Doses	Boosters
Pfizer/BNT	212,979,842	397,320	16+ yo	12-15yo	Immune-compromised	Submitted
Moderna	146,657,321	262,911	Submitted (Sept?)	18+	Immune-compromised	Pending
Janssen (J&J)	14,492,832	30,4343	Pending	18+	n/a	Pending

9

COVID Vaccine Safety

32 MMWR Reports

20 ACIP Meetings

FDA VRBPAC Meetings

Independent reports

- NEJM

10

Review of Vaccine Risks

Janssen (viral vector)

- Thrombosis with Thrombocytopenia
- Younger females
- Guillain-Barré Syndrome
- Older males

Pfizer, Moderna (mRNA)

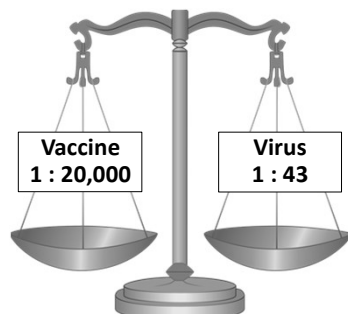
- Myocarditis/pericarditis
- Younger males

All

- Anaphylactic allergy

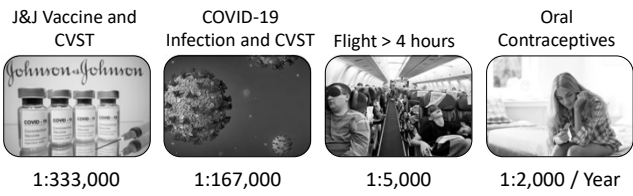
11

Myocarditis in Healthy Young Male



12

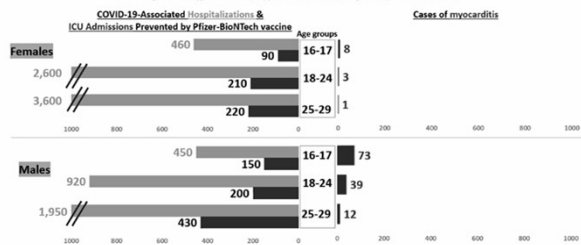
Blood Clots: Comparable Risk



13

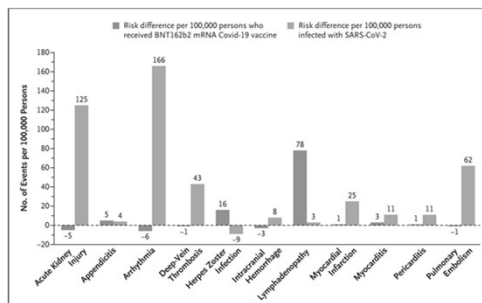
Benefits and risks after Pfizer-BioNTech COVID-19 vaccination, *lower VE*

For every million doses of vaccine given with US exposure risk and hospitalization rates projected through August 2021, assuming vaccine effectiveness (VE) for cases: 74.6%; VE for hospitalizations: 84%?



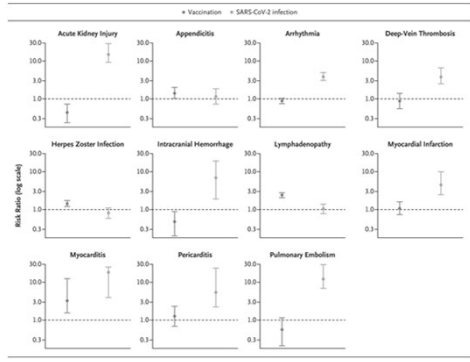
14

NEJM Safety



15

NEJM Safety



16

Vaccines are a Risk Reduction...



17

VACCINES PROTECT AGAINST SEVERE COVID-19 AND
CAN KEEP YOU OUT OF THE HOSPITAL

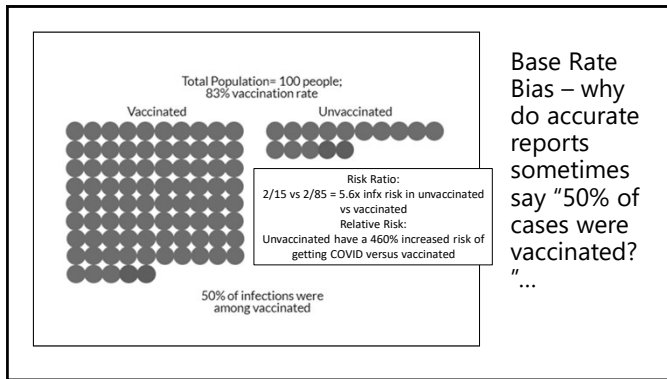


On September 1, **115 of the 135** people hospitalized with COVID-19 in North Dakota were **not fully vaccinated** against COVID-19.

*Fully vaccinated is defined as people who have both of their shots and have passed the second dose of the Pfizer or Moderna COVID-19 vaccine at least 14 days before the date they were hospitalized. Source: data from the North Dakota Department of Health, COVID-19 Hospitalization Data, September 1, 2021.

Dakota | Health

18



19

Vaccine Ingredients

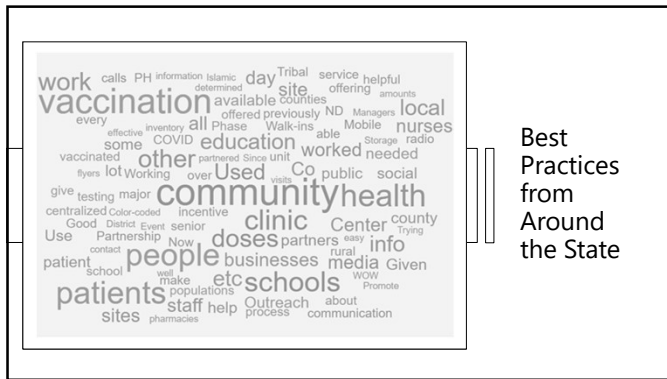
- NDDoH Handouts
- Vaccine ingredients vary by manufacturer. None of the vaccines contain eggs, gelatin, latex, or preservatives. All COVID-19 vaccines are **free from metals** such as iron, nickel, cobalt, lithium, and rare earth alloys. They are also free from manufactured products such as microelectronics, electrodes, carbon nanotubes, or nanowire semiconductors.
- To learn more about the ingredients in authorized COVID-19 vaccines, see
 - [Pfizer-BioNTech COVID-19 Vaccine Overview and Safety](#)
 - [Moderna COVID-19 Vaccine Overview and Safety](#)
 - [Johnson & Johnson's Janssen COVID-19 Vaccine Overview and Safety](#)
 - [Ingredients Included in COVID-19 Vaccines](#)

20

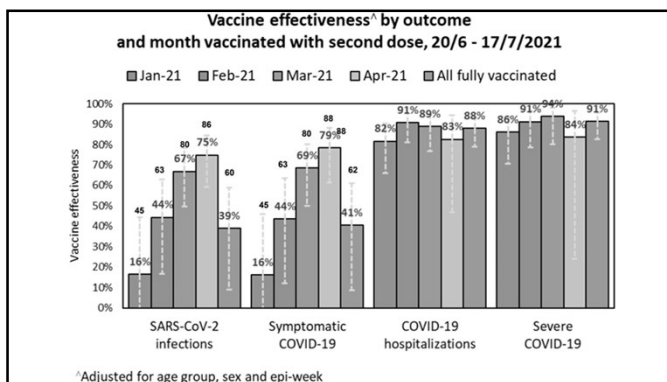
INGREDIENTS OF ALL-NATURAL BLUEBERRIES

INGREDIENTS: AQUA (84%), SUGARS (12%) (FRUCTOSE (46%), GLUCOSE (40%), SUCROSE (2%)), FIBRE (2.4%) (E460, E461, E462, E464, E466, E467) AMINO ACIDS (GLUTAMIC ACID (27%), ASPARTIC ACID (18%), LEUCINE (17%), ARGONINE (8%), ALANINE (4%), VALINE (4%), GLYCINE (4%), PROLINE (4%), SOLEUCINE (2%), SERINE (2%), THREONINE (2%), PHENYLALANINE (2%), LYSINE (2%), METHIONINE (2%), TYROSINE (1%), HISTIDINE (1%), CYSTINE (1%), TRYPTOPHAN (1%)), FATTY ACIDS (4%) (OMEGA 6 FATTY ACID: LINOLEIC ACID (30%), OMEGA-3 FATTY ACID: LINOLENIC ACID (19%), OLEIC ACID (19%), PALMITIC ACID (8%), STEARIC ACID (2%), PALMITOLEIC ACID (1%)), ASH (1%), PHYTOSTEROLS: OLEIC ACID, E300, E306 (TOCOPHEROL, THIAMIN, COLOURS (E160a, E160b, E160c, E160d, E160e)) FLAVOURS (ETHYL ETHANONATE, 3-METHYL BUTYRALDEHYDE, 2-METHYL BUTYRALDEHYDE, PENTANAL, METHYLBUTYRATE, OCTENE, HEXANAL, STYRENE, NONANE, NON-1-ENE, UNALDOOL, CITRAL, BENZALDEHYDE, BUTYLATED HYDROXYTOLUENE (E321), METHYLPARABEN, E1510, E300, E440, E421 and FRESH AIR (E941, E946, E200).

21



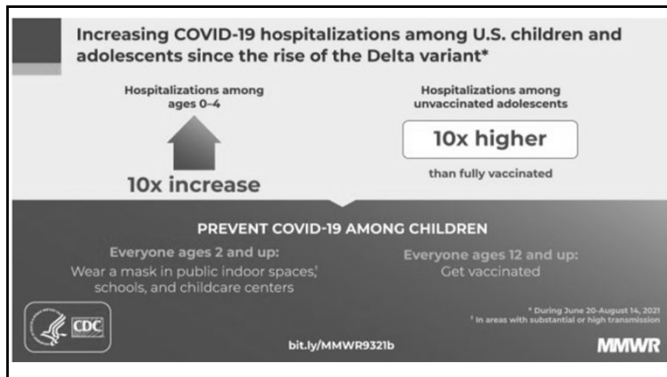
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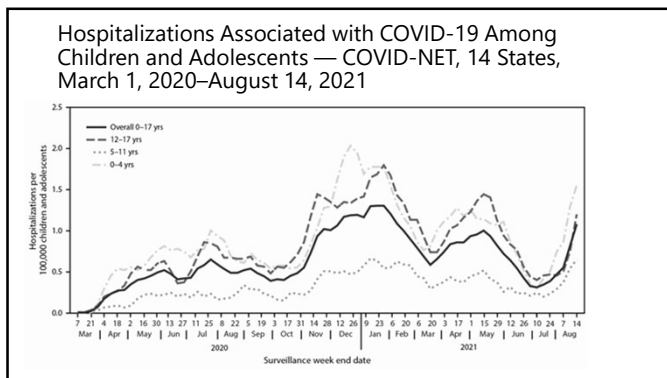
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Mandatory Education for COVID Providers Survey Due Sept 15th

- COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare Providers
- Janssen COVID-19 Vaccine (Johnson & Johnson): What Healthcare Professionals Need to Know
- Moderna COVID-19 Vaccine: What Healthcare Professionals Need to Know
- Pfizer-BioNTech COVID-19 Vaccine: What Healthcare Professionals Need to Know
- Management of Anaphylaxis at COVID-19 Vaccination Sites | CDC
- Interim Clinical Considerations for Use of COVID-19 Vaccine | CDC
- SIRVA and Safe Vaccine Administration Presentation (Archived)
- Core Competencies:
 - Storage and handling requirements
 - Preparation requirements
 - Administration requirements
 - Vaccination documentation and reporting requirements
 - Required and additional information for vaccine recipients
 - COVID-19 Vaccine Administration Competencies Assessment Form

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COVID-19 Vaccine Pre-Planning Checklist

Booster Doses

Preparation Items
Complete updated COVID-19 vaccine authorization
Notify NDDOT Immunization Division of any changes to facility contacts

Communication

- Plan how to notify patients that meet the criteria for a booster dose of COVID-19 vaccine
- Plan how to best serve older North Dakotans. Consider making phone calls to notify older individuals that they are eligible for a booster and not relying on electronic messages
- Plan how to provide vaccination to eligible homebound individuals
- Consider standing up a vaccine site at an appropriate time and location. This ensures all North Dakotans have access to vaccine, even those not as technologically sound
- Plan how to communicate vaccine availability. Consider using social media as a tool
- Update vaccine scheduling to allow for registration for booster COVID-19 doses. Allow patients to schedule booster and influenza doses at the same time

Vaccine Storage and Handling

- Ensure storage units are working well, have adequate storage space for influenza and COVID-19 vaccines, and temperatures are being monitored 24 hours a day using a digital data logger. This may include frozen
- Designate at least a minimum of two employees are trained to receive deliveries of COVID-19 vaccine and are available to receive phone calls from delivery personnel
- Ensure all staff review vaccine storage and handling labels

Clinic Education

- Ensure all staff handling and administering COVID-19 vaccine have been trained and are able to meet the COVID-19 vaccine site requirements
- Update standing orders to reflect COVID-19 booster doses after recommendations are available

Vaccination Clinic Planning

- Assess capacity for increased vaccination. Determine what needs to be done for large scale vaccination clinics to happen. Consider that booster may be recommended for both health care workers and others in the public at the same time

Are you ready for boosters?

Plan to review vaccine histories in NDDOT or electronic medical records prior to administering booster doses to ensure minimum spacing

Plan for administering the same brand of booster dose and possibly a different brand for the booster dose

Plan to administer influenza vaccine and COVID-19 vaccines at the same time

Developing appropriate clinic models to ensure there are no vaccine errors

Ensure your facility is using an updated Recipient Caregiver and Health Provider Risk Fact Sheet

Ensure supply of PPE is adequate for vaccination clinics

Identify clinic locations that allow for social distancing or drive thru vaccination settings

Follow up with long term care facilities in your area to see if they need assistance with COVID-19 booster doses

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Third Dose vs. Booster

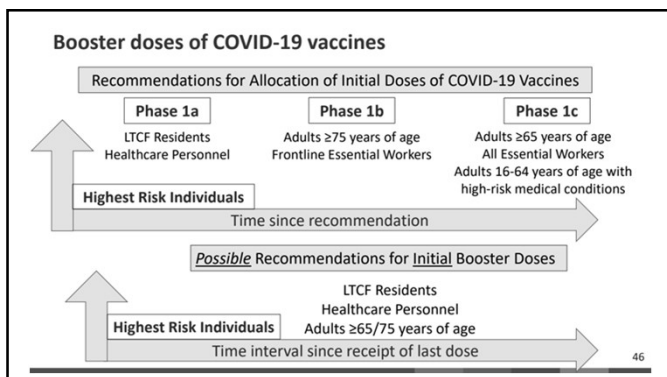
Third Dose is to finish initial series

- People with immune suppression need a third dose to have an appropriate immune response
- This is similar to some other vaccines, like HPV

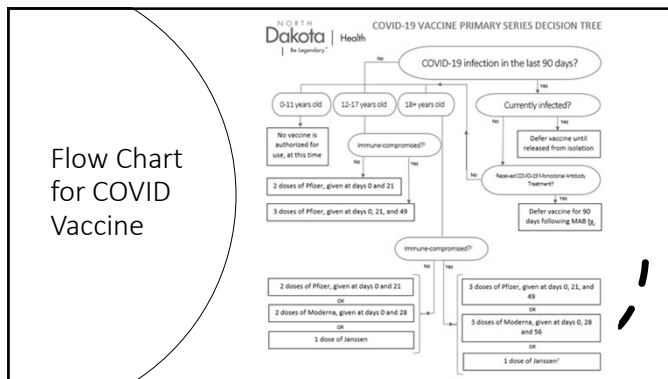
Booster Doses

- Boost immunity in people who had an appropriate response to the initial series

29



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31

Influenza

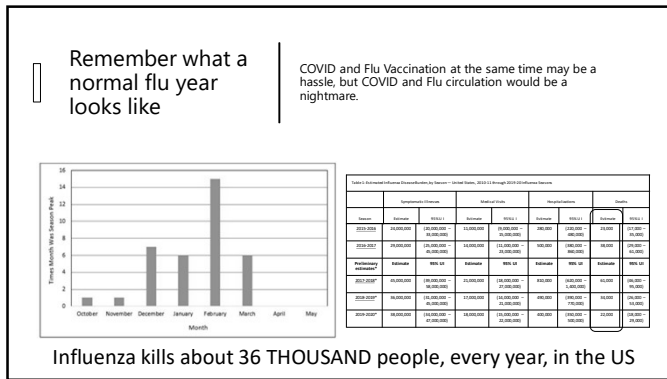
- 2020-2021 year was an “usually low” flu year
- Possible reasons included COVID-19 mitigation (social distancing, masking, hand hygiene)
- A record number of influenza vaccine doses (193.8 million doses) were distributed in the U.S. during 2020-2021.

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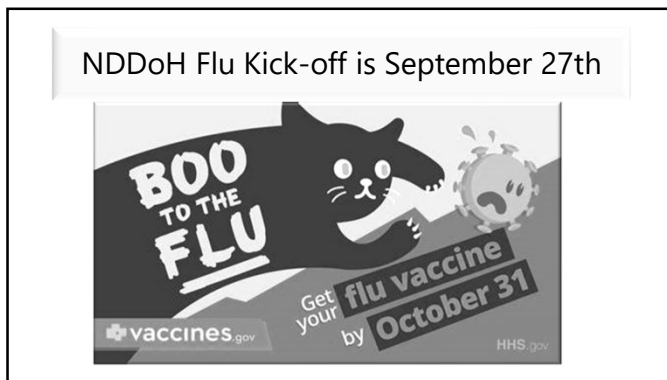
Influenza Vaccination Options

- Standard dose flu shots.
- High-dose shots for people 65 years and older.
- Shots made with adjuvant for people 65 years and older.
- Shots made with virus grown in cell culture. No eggs are involved in the production of this vaccine.
- Shots made using a vaccine production technology (recombinant vaccine) that do not require having a candidate vaccine virus (CVV) sample to produce.
- Live attenuated influenza vaccine(LAIV). – A vaccine made with attenuated (weakened) live virus that is given by nasal spray.

33



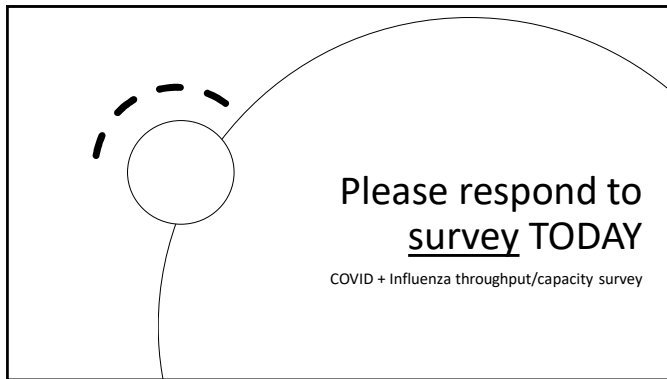
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Vacant CDC Public Health Advisor	Phone: Email:		

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Post-Test
<ul style="list-style-type: none"> • Post survey <ul style="list-style-type: none"> • Nurses interested in continuing education credit, visit http://www.ndhealth.gov/disease/post/default.aspx?PostID=2254 • Complete the survey to receive your certificate • Credit for this session will not expire until October 13, 2021. • This presentation will be posted to our website: www.health.nd.gov/immunize

39

Provider Best Practices

From around the State

40

Best Practices: UMDHU

- We have used every source of media like the rest of you. (radio, social media, newspaper, flyers, etc...)
- We have offered after hour, weekends, and walk-in clinics.
- We've gone into schools and businesses... Trying to make it as convenient as possible and also to reach the 16 and 17-year-old.
- We have mobile trailers coming so we can offer onsite clinics at any major events.
- We partnered with our local libraries and senior centers to help preregister clients that need help. This has been a major success mostly for the 65 years and older clients who are not tech savvy.
- Emergency Managers have been instrumental in assisting with vaccination clinics, contacting businesses, and assisting people who want the vaccine.
- We have also partnered with pharmacies, LTC and other health care facilities to transfer unused vaccines when and if needed.

41

Spectra

Vaccinating within clinics, on demand/walk-in	Checking with dental patients	Offering to anyone there for behavioral/mental health services
Decreasing the amount of initial appointments	Have not previously been able to give Pfizer/needed to be able to order smaller amounts	Do have Moderna and J&J
Clinics and education for foreign born, New American	Clinics at Islamic Center	Clinic at local deli (Global Friends)
East GF Islamic Center for Somali community	Partnership with NDDOH at Farmer's Market on New American Day	Holverson farms in Larimore - previously worked with them on testing. Now offering vaccination on site

42

Dickey County PH

Mailed postcards – very effective

MOGE people whose cards were returned

Ran reports – identified a lot of duplicates

Working on snow birds

Amber is working on letter to cases (vaccination rate in cases is low)

Cleaned up NDHS

Schools, senior centers have good resources

Supportive community, they trust PH

Good relationship with communities and schools

Currently visiting school for Men B and MCV

Was previously worst county in nation for COVID deaths

Worked with community partners, set up clinics in large church

Practiced our pod site – vaccinated 300 in biggest day

Did our contact tracing

Did not turn away any residents of other states

Other providers shared vaccine

Pastor at church spread the word about vaccination at the clinic

43

Sanford Health

Getting into community

Jamestown pilot site for walk in vaccine/promoting at other medical appointment

Patients can talk to provider or do a nurse visit

Rolled out in Hillsboro, VC, Oakes, Wahpeton, etc.

Continue to vaccinate at Gordan's 200-400/day

Connected with community: FPS, Central Cass, Northern Cass, YMCA to connect with people who have limited access to transportation

Work with shelters

Event at Salvation Army w/ J&J

Partnership with FCPH

Vaccinating at pediatric and Fam Med offices, OBGYN, in-patient patients, ER vaccination soon

44

Successes: UMDHU

We have called over 500 local businesses which is one of the reasons we have been nominated to be Community Partner of the Year by the Williston Regional Economic Development.

As of last week, we have administered over 7,500 doses.

Local providers are recommending; trust

Awareness of where to get vaccinated by citizens

45

Challenges: UMDHU

We have had some challenges. We are starting to see poor turnouts at our clinics along with the other providers in our district. Trinity just discontinued their weekend clinics because of this.

We are starting to see more people cancelling or not showing up for their 2nd doses.

There's been clients who have asked us not to tell anybody about getting immunized in fear of ridicule or harassment by family or co-workers.

We haven't found a message that resonates with the younger population or how to educate them enough to overcome all of the misinformation there is out there.

Also believe we are not capturing all the transient workers and snowbirds who may have been vaccinated in another state and are not entered in NDHS, but we are running a campaign to address this.

46

Best Practices: SWDHU

Work together with county nurses

- County nurses know their populations

Systematic coverage

Similar to UMDHU

Years of planning! Since 2005. Partnerships

Emergency Managers are critical

COMMUNICATION!

47

Successes: SWDHU

- Think outside the box!
 - Different avenues of outreach
 - Walk-ins
 - Radio promotion
 - Vaccine clinic info for food pantry, handing out food boxes and vaccine info
 - Used chamber of commerce, called businesses
 - Reached out to minority populations, groups that work w/ these populations
 - Harder to reach for second doses
 - Traveling out to rural towns, work with community partners, pharmacists
 - Vaccination at Walmart, Dickman State
 - Encouraging doses, worked with public health partners
 - Truck stop (NOT) border vaccination clinic @ Flying D
 - Rental large building, facilities/booths (helpful to work inside when it was utilized)
 - Promote other education for drinking, etc.
 - Have vaccine cards written out beforehand
 - Used OffroadG to communicate
 - Given out 150 doses (1st and 2nd doses)
 - Some partners covered counties very well, some counties that had fewer other vaccination covered
 - Laminated color-coded numbering system, trying to make sure to use all doses

48

Challenges: SWDHU

- Southwestern mindset can be negative
- Can be draining
- Needed to allow places to wait safely
- Encourage people to wait afterwards for monitoring
- Opposing voices from community – people who wish to harm another's opportunity to vaccine or receive accurate information

49

Best Practices: NELSON- Griggs

- **Local Public Health Partner**
- Nelson-Griggs District Health Unit serves 2 counties – Nelson Co. and Griggs Co., making us the smallest multi-county district health unit. McVie is located in Nelson Co. and almost central in the service area. Population of both is less than 5000 with Nelson Co: 2,894 Griggs Co: 2,409
- What worked in 1 health unit didn't always work in another.
- Priority Groups in ND were determined for LPHUs. This made it easy to notify via social media but it also created headaches when others would hear their neighbor was scheduled and they hadn't been.
- There was local communication among service providers about availability of vaccines for their patients and staff.
- Make vaccinations easy to access. Ex: Set up 3 sites for First Responders to attend in Cooperstown, McVie and Lakota. NGDHU did home visits to the elderly to provide vaccines.

50

Successes: Nelson- Griggs

- Public Health was already a trusted provider in the communities. People were willing to travel to the Health Unit and were so very, very thankful. Relationships had already been built with EMS / Fire / LE as several had helped us with Farm Safety projects and Emergency Preparedness. There are 8 communities in Nelson Co. and 3 communities in Griggs Co.
- Messages were shared on social media and staff personal FB pages about available vaccine. Pages were shared by others. Ex: March 7th, we posted about 200 doses coming in. The post was shared 116 times with 850 engagements and reached 10,490.
- Our administrative assistant made phone calls for appointment times for Dose # 1 and Dose # 2. Many expressed their appreciation for having set times without standing in line. This was labor intensive but also set the tone for customer service.
- Family stepped up to help at the on-site clinics. Husband Scott was "volunteer" he was the official door opener but his job was also to assist those to and from their vehicles when there was snow and ice. Daughter Christy helped with distributing forms so that staff could enter data as quickly as the 3 of us nurses could vaccinate.
- Schools were supportive of their staff to be vaccinated. Administration allowed teachers/staff to travel to a scheduled clinic. Later, teachers and school staff like bus drivers were vaccinated either at the school or in a convenient site.
- LPHUs were quick to help each other out as needed due to the challenge of small staff. This might be to problem solve or actually go on-site for testing events.
- Given 2809 doses (1st and 2nd)

51

Challenges: Nelson- Griggs

- Rural area with less staff to pull from to assist with vaccine clinics. Many of you have heard me say we have 2.8 FTE's (2 people working full-time with 1 person working 4 days/week). 2 retired RNs called us to assist at the beginning of the pandemic.
- At 1 point, we had over 200 people on our waiting list with limited vaccine available. Decisions needed to be made quickly. Do you task staff to learn a new system like PrepMod or use paper/pencil? Do we bill or not? It's hard not to turn down administrative fees of \$40 for each vaccine.
- People were asked to travel to scheduled clinics in our office. When extra doses were extracted from the vials, we had a list of who we could call in a moment's notice.
- Trying to get to those who are still vaccine hesitant. Talking to people 1:1 is best to answer questions but very labor intensive too.

52

Quentin Burdick I.H.S.

- Working with FEMA, since May 4-5
- Using all vaccines
- Uptake is slowing, "S" in school
- Back in December, contacted schools
- Entered patient information for people who wanted shot, sent vaccine info back to school – very quick turnaround (30 mins)
- 7-9 people /20 mins
- Good partnership with schools
- Vaccinated all schools in Rolette, some neighboring schools
- Community clinics ~175/day
- Very efficient process, used timers to monitor
- Mobile clinic to get vaccine out to outlying sites
- Outreach to Canada, vaccinate First Nations people. Limitations with quarantine rules.

53

Grand Forks Public Health: Successes

- | |
|--|
| Centralized efforts w/ Altru Health @ Alerus Center |
| 33 clinics, 37,000 vaccines (WOW!) – closer to Herd Immunity |
| Each entity leveraged strengths and assets |
| Met as centralized team, decided roles |
| GPPH was on-the-ground (experience w/ pods) |
| Leveraged partnerships for robust staffing, 60-75 staff |
| ND Guard, UND Nursing, UND MPH, DOC Nurses |
| Altru took admin tasks; 1 phone number for questions (prioritization, etc) |
| Used Altru EHR, IT dept and supplies, increased efficiency |
| Stored vaccine at Altru, thawed as needed, allowed minimal wastage |
| Altru helped promote through social media, comms teams worked together |
| Efforts to get vaccination site within .5 miles of every community |
| "Vaccine Machine" – welcome walk-ins, pre-reg when available |
| • @ library today |
| • Next week @ hardware store |
| • Tomorrow at vacant bank space |
| • 8-10 sites/week |

54

GFPH:
Challenges

New roles, different than previous partnerships. Some growing pains

Input from outside groups, other partners

Some smaller partners lost opportunities to vaccinate clients, hurt partnerships

Some felt community lost access

55

Spirit Lake
Health
Center

PH Nurses did contact tracing, testing

Used previous ambulance center/urgent center to become drive thru testing, vaccination site (park & walk)

Initially followed them, others received direct calls

COVID vaccine hotline, education for community

PR pamphlets for clinics and home

PSAs on local radio

Advised residents on flyers for senior meals

Variety of days available

Tribal Chair involved in promotion

80-90% community vaccinated, CCC staff & student - offered incentives to enrolled members

St. Casper offered incentive to employees (free successful "50%")

Tribal Council members determined they could offer incentives

Mobile clinic - went all over the area, some of the vaccine, 4-5 locations, if busy

Walk-ins available every day, more advertising recently, more interest with incentive - 40 given on Monday

Invited Community education to diabetic patients

Added two nurses, two pharmacists with COVID funding

Non-clinical staff's helpful at events, as well

Patients fill out forms, do education. Color-coded forms indicate the shot the patient is receiving

Tribal Chairman is doing public meeting with community, asked to give vaccines at this event. Ft. Totten Pow Wow

Be available, give information as needed to potential patients

Open - 1000 doses

Other vaccination sites available/look to alternate with Ramsey County PH

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Fargo Cass
Public
Health

40,000 shots given

8-10 out of state

Increased supply until early April, defined by vaccine time frame

Engaged on customer service, outreach, collaboration, communication

Phase 1a: meet w/ 300 orgs, businesses

Phase 1b/2c: needed effective way to welcome people. Call center. Arrived people who were able to deal w/ challenges. On get calls over the phone over 1,000 calls, received 12,000 people via email

Phase 2: Outreach to schools, CC, etc. Major businesses (CB), Cof vaccine campaign 10-20 per pop, local providers, open to public. Social media strategy. Mass vaccination at Good Samaritan & University, Sanford, FL, etc.

Could use 1000 more, etc.

Communications, outreach, training, health care workers, etc. Type of vaccine, etc. Some staff would prefer to draw up. Education/communication was key. Identified staff down to expect based on vaccine type (type of vaccine type)

Now offering Tuesday scheduled and walk-in, MNPH clinic, routine COVID

Life boards of patient groups

Employee morale: mental health, nonstop work

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Essentia Health

- Support rural practice sites: some clinics have fewer hours or providers. DOH will break down package quantities to get smaller amounts out to all sites.
- Use E.H.R. technology (EPIC), send and print barcodes at rural clinics
- Continue education from providers; conversations about vaccine with each patient. Be comfortable doing one patient at a time.
- Patients are getting a lot of info from a lot of sources. Providers help them break down myths and help them choose a vaccine, as desired/available
- Listening to concerns from patients – depoliticizing the decision
- Work flow:
 - Rural sites are in charge of their own ordering process
 - Storage changes are helpful
 - In Fargo, this is centralized out of UL freezers
 - Provider-driven recommendation
 - Use EPIC (EMR) inventory, in addition to NDHS – can check inventory levels at clinic level

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Richland County PH

- Use CDC labels
- Documentation!!
- Labels to mark the # of doses remaining in vial
 - Ex: Punctured @

6	5	4	3	2	1
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